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**\*\* CONTINUING DATA \*\*\*\*\***  
THIS APPLN CLAIMS BENEFIT OF 60/215,254 06/30/2000 \*  
(\*) Data inconsistent with PTO records.

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
\*\* 08/20/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY NC	SHEETS DRAWING 24	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 3
Verified and Acknowledged	Examiner's Signature <u>                    </u> Initials <u>                    </u>				

**ADDRESS**  
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**TITLE**  
Health outcomes and disease management network and related method for providing improved patient care

<b>FILING FEE RECEIVED</b> 870	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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